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**FACSIMILE SUBMISSION UNDER 37 CFR 1.8**

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TO:	FROM:
Mail Stop RCE	Jason D. Kelly
Examiner William H. Matthews	
COMPANY:	DATE:
U.S. Patent & Trademark Office	MAY 24, 2006
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
571-273-8300	13
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
571-272-4753	1023-330US01
RE:	APPLICATION SERIAL NUMBER:
Request for Continued Examination	10/731,868

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**MAY 24 2006**

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ruchika Singhal; Robert M. Skime; Carl D. Wahlstrand Confirmation No. 6697  
 Serial No.: 10/731,868 Filed: December 9, 2003  
 Examiner: William H. Matthews Group Art Unit: 3738  
 Docket No.: 1023-330US01 Customer No.: 28863  
 Title: IMPLANTATION OF LOW-PROFILE IMPLANTABLE MEDICAL DEVICE

CERTIFICATE UNDER 37 CFR 1.8 I hereby certify that this correspondence is being transmitted via facsimile to the United States Patent and Trademark Office on May 24, 2006.

By: Shirley A. Bettsch  
 Name: Shirley A. Bettsch

Mail Stop RCE  
 Commissioner for Patents  
 Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached correspondence relating to this application:

☒ Transmittal sheet containing Certificate of Mailing

**CLAIMS AFTER AMENDMENT**

Number of Claims After Amendment	Previously paid	Number Extra	Rate	Fee
Total Claims				
23	21	2	x \$50.00	= \$100.00
Independent Claims				
2	3	0	x \$200.00	= \$
<b>TOTAL</b>				<b>\$100.00</b>

☒ Request for Continued Examination (RCE) (1 pg.)  
☒ Amendment (9 pgs.)

Please charge Deposit Account 50-1778 the amount of \$890.00: \$790.00 for the filing fee of the Request for Continued Examination (RCE) and \$100.00 to cover the cost of two additional claims. Please charge any additional fees or credit any overpayment to deposit account number 50-1778.

Date: 5-24-06

By:

Name: Jason D. Kelly  
 Reg. No.: 54,213

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